

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number  
**08/904,594**Filing Date  
**8/1/97**

Applicant(s)

**Jessup, P. J.**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

*	*	*	*
Indep	Depend	Indep	Depend
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83		1	
84		1	
85		1	
86		1	
87		1	
88		1	
89		1	
90			6
91			6
92			6
93			2
94			5
95			7
96			6
97			6
98			4
99			6
100			5
Total Indep		7	
Total Depend		59	
Total Claims		66	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)						Application Number <b>08/904,594</b>	Filing Date <b>8/1/97</b>								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments								
	Indep	Depend	Indep	Depend	Indep	Depend	*	Indep	Depend	*	Indep	Depend	*	Indep	Depend
101				5			51								
102				5			52								
103				5			53								
104				3			54								
105				3			55								
106				4			56								
107				4			57								
108				5			58								
109				3			59								
110				4			60								
111				4			61								
112				5			62								
113				4			63								
114				6			64								
115				2			65								
116				4			66								
117				4			67								
118				6			68								
119				2			69								
120				3			70								
121				2			71								
122				3			72								
123				1			73								
124				1			74								
125				1			75								
126				1			76								
127				1			77								
128				1			78								
129				1			79								
130				1			80								
131				1			81								
132				1			82								
133				8			83								
134				7			84								
135				9			85								
136				9			86								
137				10			87								
138				3			88								
139				9			89								
140				7			90								
141				10			91								
142				8			92								
143				7			93								
144				9			94								
145				3			95								
146				7			96								
147				10			97								
148				8			98								
49							99								
50							100								
Total Indep				3			Total Indep								
Total Depend				217			Total Depend								
Total Claims				220			Total Claims								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:  
Assistant Commissioner for Patents, Washington, DC 20231.